



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 4:20 pm, Dec 18, 20

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030451	PRINTER SN 95.111.053	DATE OF INSPECTION 12-04-2014
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LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST SAINT JOSEPH, MISSOURI 64501	TIME OF INSPECTION 1505
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CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG300201 EXP. DATE 01-02-2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w- .101	TEST 2 w- .101	TEST 3 w- .100
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☒ RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	1	(.10-.14)	0	(.15-.19)	1	(OVER.19)	1
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

PRINT NAME

BRAD KERNS

TYPE 11 PERMIT NUMBER/EXPIRATION DATE

220427 12-27-2014

TELEPHONE NUMBER

(816) 271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)

3600 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

Exp. Date

1/2/2015

Cyl. Type

108

Component

Ethanol
Nitrogen

Certified Concentration

0.100 \pm 2% BrAC (272 ppm)
Balance

Lot #

AG300201

Certification Traceable to N.I.S.T. ROM Ethanol Standards:

Serial No.

EB0010581

Concentration

391.5 ppm

EB0010570

258.4 ppm

EB0010285

208.9 ppm

EB0010561

101.9 ppm

EB0010681

53.0 ppm

Serial No.

EB0010603

Concentration

390.9 ppm

EB0010659

258.3 ppm

EB0010595

209.2 ppm

EB0010562

104.9 ppm

EB0010579

52.4 ppm

Analytical Method:

NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2909.01

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03722

Temp Date Time 210L
s/

Air Blank:

12/04/14 15:05 .000

Calibration Check:

25 12/04/14 15:05 .101

Subject Name

Subject I.D.

16005

Operator Name: I.D.

501 FARRAN

Location

220427

12-27-14

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03723

Temp Date Time 210L
s/

Air Blank:

12/04/14 15:09 .000

Calibration Check:

25 12/04/14 15:09 .101

Subject Name

Subject I.D.

16005

Operator Name: I.D.

501 FARRAN

Location

220427

12-27-14

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03724

Temp Date Time 210L
s/

Air Blank:

12/04/14 15:11 .000

Calibration Check:

25 12/04/14 15:11 .100

Subject Name

Subject I.D.

16005

Operator Name: I.D.

501 FARRAN

Location

220427

12-27-14

AS IV Serial no: 030451
Version no: 7410

TEST RECORD 03725

Temp Date Time 210L
s/

Void: RFI

12 12/04/14 15:13

Subject Name

Subject I.D.

16005

Operator Name: I.D.

501 FARRAN

Location

220427

12-27-14